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PATENT
Attorney Docket No.: 018865-004410US
Client Reference No.: 17732-14000.003



Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On March 7, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: [Signature]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Honorio T. Granada
Rajeev Joshi

Application No.: 10/660,866

Filed: September 11, 2003

For: FLIP CHIP SUBSTRATE DESIGN

Examiner: Douglas W. Owens

Art Unit: 2811

INFORMATION DISCLOSURE
STATEMENT UNDER 37 CFR §1.97 and
§1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references [excluding cited U.S. Patents, U.S. Patent Application publications, and appropriate IFW-stored, pending U.S. Patent Applications and portions thereof, per 1287 OG 163] are enclosed.

It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

03/11/2005 RFEKADU1 00000015 201430 10660866


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As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance.

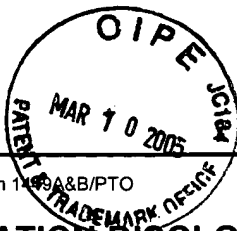
Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Patrick R. Jewik', enclosed within a large, loopy oval shape.

Patrick R. Jewik
Reg. No. 40,456

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Substitute for form 1499A&B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)			Complete if Known		
			Application Number	10/660,866	
			Filing Date	September 11, 2003	
			First Named Inventor	Granada, Honorio T.	
			Art Unit	2811	
			Examiner Name	Douglas W. Owens	
Sheet	1	of	1	Attorney Docket Number	018865-004410US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
	AA	US-6,836,023	12-28-2004	Joshi	
	AB	US-6,806,580	10-19-2004	Joshi	
	AC	US-6,798,044	09-28-2004	Joshi	
	AD	US-6,753,605	06-22-2004	Joshi	
	AE	US-6,740,541	05-25-2004	Joshi	
	AF	US-6,731,003	05-04-2004	Joshi	
	AG	US-6,720,642	04-13-2004	Joshi	
	AH	US-6,696,321	02-22-2004	Joshi	
	AI	US-6,683,375	01-27-2004	Joshi	
	AJ	US-			
	AK	US-			
	AL	US-			
	AM	US-			
	AN	US-			
	AO	US-			
	AP	US-			
	AQ	US-			
	AR	US-			
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FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
	AU							<input type="checkbox"/>
	AV							<input type="checkbox"/>
	AW							<input type="checkbox"/>
	AX	WO	00/08684		02-17-2000	Joshi		<input type="checkbox"/>
	AY							<input type="checkbox"/>
	AZ							<input type="checkbox"/>
	BA							<input type="checkbox"/>
	BB							<input type="checkbox"/>

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.